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CONFIRMATION NO. 2842

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|--|---|-------------------------------|---|--|
| SERIAL NUMBER 10/632,158 | FILING OR 371(c) DATE 07/31/2003 RULE | CLASS 128 | GROUP ART UNIT 3772 | ATTORNEY DOCKET NO. AGALIN 3.0-003 I |
| APPLICANTS Royce S. Fishman, Hernando, FL; ** CONTINUING DATA ***** This appln claims benefit of 60/404,830 08/20/2002 ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/25/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature Initials | | STATE OR COUNTRY FL | SHEETS DRAWING 48 | TOTAL CLAIMS 151 |
| INDEPENDENT CLAIMS 15 | | | | |
| ADDRESS 000530 | | | | |
| TITLE Method and devices for administration of therapeutic gases | | | | |
| FILING FEE RECEIVED 4246 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |